GALVESTON COUNTY JAIL / INMATE DEPOSIT TICKET

INMATE'S NAME		SPIN NUMBER / BOOKING NUMBER	CLUSTER / POD
SENDER'S COMPLETE LEGAL NAME		SENDER'S COMPLETE MAILING ADDRESS	
TYPE OF MONEY ORDER	MONEY ORDER NO. ** CUT AND ATTACH	AMOUNT H THIS SLIP TO YOUR MONEY ORDER **	DATE
	GALVESTON COUN	TY JAIL / INMATE DEPOSIT TICKET	
INMATE'S NAME		SPIN NUMBER / BOOKING NUMBER	CLUSTER / POD
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TYPE OF MONEY ORDER	MONEY ORDER NO. ** CUT AND ATTACH	AMOUNT H THIS SLIP TO YOUR MONEY ORDER **	DATE
MONEY ORDERS MUST BE MADE PAYABLE TO:		INMATE ACCOUNTING / INMATES NAME / SPIN # / BOOKING #	
INCLUDE AN "INMATE DEPOSIT TICKET" AND MAIL TO:		INMATE ACCOUNTING P.O. BOX 16762 GALVESTON, TEXAS 77552 – 6721	

DO NOT SEND MONEY ORDERS WITH OTHER MAIL ENCLOSED

SEND ALL OTHER MAIL TO: GALVESTON COUNTY JAIL / INMATE'S NAME

5700 AVENUE H

GALVESTON, TEXAS 77551 - 8100

Download and Print this form from: http://www.galvestonso.com

Money Orders and Deposit Tickets not completed properly will be returned